

NSQHS Standard 8 Pressure Injury

Ward/Unit audit tool



Hospital and Health Service:	Facility:	Audit Date/Period:
Ward/Unit:		

Ward/Unit audit tool: collects ward/unit level data and collates the patient level responses

- Notes:
- Each facility needs to determine those audit questions that are applicable to their facility / health service circumstances for review
 - Some questions and responses may not be applicable (eg. at a ward/unit level) and can be adapted to suit individual requirements
 - The measurement plan details each audit question and the action/criteria it aligns to in the standard

Ward/Unit Questions		Response
1.0	Is there evidence that the ward/unit has a pressure injury prevention and management procedure/guideline in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.1	If yes to 1.0: Is the procedure/guideline evidence based and consistent with national guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.2	If yes to 1.0: Does the procedure/guideline incorporate screening and assessment tools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.3	If yes to 1.0: Does the procedure/guideline incorporate the requirements for pressure injury prevention plans?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.4	If yes to 1.0: Is the procedure/guideline tabled at a governance committee/s or group meeting/s?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.5	If yes to 1.4: Specify the committee/group.	
1.6	If yes to 1.4: Do the terms of reference detail the overseeing of the procedure/guideline for pressure injury prevention and management?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.7	If yes to 1.0: Does the procedure/guideline define the audit process to be undertaken to assess against it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.8	If yes to 1.0: Does the procedure/guideline reference the consultation processes or collaborative group/s involved in its development?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.9	If yes to 1.0: Does the procedure/guideline detail the date it became effective?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.10	If yes to 1.0: Does the procedure/guideline detail the date of the next revision?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Ward/Unit Questions		Response
1.11	If yes to 1.0: Does the procedure/guideline reference the source documents (if applicable) particularly where they are represented as best practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
1.12	If yes to 1.0: Does the workforce know the document exists, can access it and know and use the contents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.13	If yes to 1.0: Outline details of the document, where kept, review date/s and the 'owner'.	
2.0	Is there evidence that the ward/unit undertakes regular audits of clinical records on pressure injuries at the bedside in the medical record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.1	If yes: Outline what tool is used, how frequent is the audit undertaken and what is reported.	
2.2	If yes to 2.0: Is there evidence that the audit results are provided to a committee/group to review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.3	If yes to 2.2: Which committee/group?	
3.0	Is there evidence that the ward/unit has an evaluation and quality improvement plan/s in place to reduce pressure injury incidents? (N/A for facility or service level responses and report at facility level)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.1	If yes: What sources of data/information led to the development of the plan eg. PRIME, Queensland Bedside Audit, other data sources?	
3.2	If yes to 3.0: Is there evidence that the plan/s record quality improvement action/s to be implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.3	If yes to 3.2: List the actions as per plan.	
3.4	If yes to 3.0: Is there evidence that the plan/s include a risk register for the proposed quality improvement actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.5	If yes to 3.4: Does the risk register include a scale to rate risks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.6	If yes to 3.4: Are the risks reviewed on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.7	If yes to 3.0: Is there evidence that the plan/s includes mechanisms for evaluating the quality improvement actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.8	If yes to 3.0: Is there evidence that the plan/s are tabled at a committee/group?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.9	If yes to 3.8: Which committee/group?	
3.10	If yes to 3.0: Who assisted in the development of the plan/s?	
3.11	If yes to 3.0: Is there evidence the workforce know the plan/s exist?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Ward/Unit Questions		Response
3.12	If yes to 3.0: Outline who the 'owner' is, the clinical lead, where the plans are filed and how often they are reviewed.	
4.0	Is there evidence that the ward/unit has undertaken Quality Improvement activities to prevent pressure injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.1	If yes: Give details of the quality improvement activities, when these were undertaken and the outcome/s.	
5.0	Is there evidence that the ward/unit provides patients/carers communication material on pressure injury prevention and management?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.1	If yes: Outline what communication material is provided.	

Collation of audited patients (This section is only needed to be used if the data was collected at the patient level. Enables ward/unit reporting.)		Count of No. of patients who meet criteria	Count of Total No. of patients who are included in the denominator and audited	Calculate the %
	(as per measurement plan)	Numerator (N)	Denominator (D)	(N/D*100)
Equipment				
6.0	What is the number of patients who have a standard pressure reducing foam mattress redistribution device? (PI_Patient_Q1.1)			
6.1	What is the number of patients who have a pressure reducing overlay redistribution device? (PI_Patient_Q1.1)			
6.2	What is the number of patients who have an alternating mattress - replacement redistribution device? (PI_Patient_Q1.1)			
6.3	What is the number of patients who have an alternating mattress - overlay redistribution device? (PI_Patient_Q1.1)			
6.4	What is the number of patients who have a special / self adjusting mattress redistribution device? (PI_Patient_Q1.1)			
6.5	What is the number of patients who have a specialty bed system redistribution device? (PI_Patient_Q1.1)			
6.6	What is the number of patients who have a pressure reducing chair? (PI_Patient_Q1.2)			
6.7	What is the number of patients who have a cushion/s (on chair)? (PI_Patient_Q1.2)			
6.8	What is the number of patients who have foam wedges			

Collation of audited patients (This section is only needed to be used if the data was collected at the patient level. Enables ward/unit reporting.)		Count of No. of patients who meet criteria	Count of Total No. of patients who are included in the denominator and audited	Calculate the %
	(as per measurement plan)	Numerator (N)	Denominator (D)	(N/D*100)
	positioning devices? (PI_Patient_Q1.3)			
6.9	What is the number of patients who have extra pillows positioning devices? (PI_Patient_Q1.3)			
6.10	What is the number of patients who have a bed cradle positioning device? (PI_Patient_Q1.3)			
6.11	What is the number of patients who have a sheepskin positioning device? (PI_Patient_Q1.3)			
6.12	What is the number of patients who have another positioning device? (PI_Patient_Q1.3)			
Documentation				
7.0	What is the number of patients who have evidence of a pressure injury risk assessment at the bedside? (PI_Patient_Q2.0)			
7.1	What is the number of patients with a pressure injury risk assessment, who are 'at risk' or higher? (PI_Patient_Q2.1)			
7.2	What is the number of patients with a pressure injury risk assessment, who had the assessment undertaken within 24hrs of admission? (PI_Patient_Q2.2)			
8.0	What is the number of patients who have documented evidence at the bedside that a comprehensive skin inspection was undertaken on admission to the facility? (PI_Patient_Q3.0)			
8.1	What is the number of patients with a comprehensive skin inspection, who had the inspection undertaken within 24hrs or admission? (leave blank if N/A no skin inspection) (PI_Patient_Q3.1)			
9.0	What is the number of patients who have documented evidence at the bedside of a Pressure Injury Prevention and Management Plan? (PI_Patient_Q4.0)			
10.0	What is the number of patients with a pressure injury who have documented evidence of referral to wound management service? (PI_Patient_Q5.0)			
11.0	What is the number of patients with a pressure injury who have evidence in the chart that the pressure injury was reported in the facility incident management system? (PI_Patient_Q6.0)			
12.0	What is the number of patients who reported that they received information on risk of pressure injury? (PI_Patient_Q7.0)			
13.0	What is the number of patients who reported being involved in the development of a plan to prevent and/or manage their pressure injuries? (PI_Patient_Q8.0)			
Skin Inspection				
14.0	What is the number of patients who consented to a skin			

Collation of audited patients (This section is only needed to be used if the data was collected at the patient level. Enables ward/unit reporting.)		Count of No. of patients who meet criteria	Count of Total No. of patients who are included in the denominator and audited	Calculate the %
	(as per measurement plan)	Numerator (N)	Denominator (D)	(N/D*100)
	inspection? (PI_Patient_Q9.0)			
15.0	What is the number of patients who have evidence of one or more pressure injuries? (PI_Patient_Q9.1) (Out of those who consented)			
15.1	What is the number of patients with one or more pressure injuries that can be identified as being hospital acquired? (PI_Patient_Q9.2)(Out of those who consented and had one or more pressure injuries)			
15.2	What is the number of patients with one or more pressure injuries that can be identified as being present on admission (POA)? (PI_Patient_Q9.2) (Out of those who consented and had one or more pressure injuries)			
16.0	What is the number of patients with one or more pressure injuries present on admission (POA) AND did not develop a pressure injury in hospital? (PI_Patient_Q9.2) (Out of those who consented and had one or more pressure injuries)			

We recognise and appreciate that there may be gaps in the scope and questions included in these tools, however, as this is a **'Work in Progress'**, future versions will build upon the existing scope and questions, and incorporate staff feedback and suggestions for improvement.

The Patient Safety and Quality Improvement Service, Clinical Excellence Division, welcomes feedback on the audit tools and the measurement plans, to ensure the tools meet the needs of Hospital and Health Services. We appreciate any feedback you can provide for the next version.

Please email Patient Safety and Quality Improvement Service on PSQIS_Comms@health.qld.gov.au for feedback or comments.

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